



COUNTY OF SAN DIEGO • DEPARTMENT OF PLANNING AND LAND USE

AFFIDAVIT OCCUPANCY OF ACCESSORY APARTMENT

(Pursuant to Section 6156, Subsection W-8 of the County Zoning Ordinance)

I / We declare that I am / we are aware of the provisions of the San Diego County Zoning Ordinance relating to Accessory Apartments and requiring the filing of this affidavit.

I / We declare that I/we occupy the premises at

_____ as my / our principal residence.

I / We declare that the occupant(s) of the Accessory Apartment attached to my / our home will be:

_____ and that occupant(s) is / are qualified by reason of:

Age _____

Handicap _____

Relationship _____

I / We agree to furnish supporting documents upon request.

I / We agree to occupancy requirements and consent to verification inspection of the premises by a Code Enforcement Officer of the Department of Environmental Health.

I / We agree to file a new Affidavit of Occupancy on the occasion of changes in ownership and / or occupancy and upon request.

I / We acknowledge that these occupancy limitations run with the property during the life of the accessory apartment and will extend to any successor in interest.

I UNDERSTAND THAT IF THIS INFORMATION IS FOUND TO BE INCORRECT THAT ANY PERMIT ISSUED IN RELIANCE SHALL BE SUBJECT TO REVOCATION.

Executed at _____, California
City/Area

this _____ day of _____, 199 _____.
Date Month Year

Property Owner(s) _____
Signed Signed